

# North CarolinaDepartment of Health and Human Services Division of Facility Services Office of Emergency Medical Services

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### Required EMS Patient Care Reporting: Definition of an Event

This document serves to provide clarification for when documentation and/or data collection must be submitted with respect to First Responder and EMS response and/or patient care under the North Carolina College of Emergency Physician's Standards for Medical Oversight and Data Collection document (<a href="http://www.nccep.org/content/ems/standards/Datapoints.pdf">http://www.nccep.org/content/ems/standards/Datapoints.pdf</a>).

Under the North Carolina EMS Rules and Regulations, every EMS System is required to collect and submit EMS data based on the North Carolina College of Emergency Physician's Standards for Medical Oversight and Data Collection. Depending on the EMS System level (Baseline or Model), data submission requirements vary but all systems must electronically provide data to the Office of EMS by July 1, 2004.

## A patient care report must be electronically transmitted to the North Carolina Office of EMS when any one of the following events occur:

- → Any 911 activation of the primary EMS service where a patient evaluation occurs
- → Any EMS patient assessment by a first responder or transport capable provider where the primary EMS service was not dispatched or involved in the patient assessment or care
- → Any Specialty Care
- → Any patient transport (\*\*please refer to Exemptions)
- → Additional events not defined above may require documentation based on local system requirements.
  - This could include expanded scope settings where EMS patient evaluations occur in non-traditional practice settings.

It is recommended that local EMS systems document all EMS activations (without patient contacts) to provide better demographic data on EMS system response and utilization. These optional events can be electronically submitted to OEMS if desired to take advantage of the PreMIS reporting capabilities, which will more accurately reflect the status of your EMS system.

#### **Local Responsibilities**

- Only one record is required for each patient encounter, but the record must reflect the care provided by all EMS services involved (ie. first responders, BLS, and ALS) in the EMS system. It is also acceptable for each EMS service or provider to individually document on their portion of the patient encounter. All of these records can be electronically submitted to OEMS.
- It is the responsibility of the County EMS System to describe how each EMS provider will meet this data collection and electronic submission requirement in the system. Different providers within a COUNTY EMS system may use different data collection methods.
- Electronic data submission must be done daily. All patient encounters which occurred in the previous 24 hour period must be electronically submitted to OEMS within the next 24 hour period.
  - I.e. If calls were run on 01/02/04 between 11:00am and 11:00pm, and the system was scheduled to submit data at 11:00am everyday, then the 01/02/04 calls would be submitted no later than 11:00am on 01/04/04.

### \*\*Exemptions

 Exempt facility based services, which are providing convalescent services (not Specialty Care Transport Services) are not required to collect or electronically submit data to OEMS.

#### Refer to:

- § 131E-158. Credentialed personnel required.
- (a) Every ambulance when transporting a patient shall be occupied at a minimum by all of the following:
  - (1) At least one emergency medical technician who shall be responsible for the medical aspects of the mission prior to arrival at the medical facility, assuming no other individual with higher credentials is available.
  - (2) One medical responder who is responsible for the operation of the vehicle and rendering assistance to the emergency medical technician.

An ambulance owned and operated by a licensed health care facility that is used solely to transport sick or infirm patients with known nonemergency medical conditions between facilities or between a residence and a facility for scheduled medical appointments is exempt from the requirements of this subsection.

(b) The Commission shall adopt rules setting forth exemptions to the requirements stated in (a) of this section applicable to situations where exemptions are considered by the Commission to be in the public interest. (1967, c. 343, s. 3; 1973, c. 476, s. 128; c. 725; c. 1224, s. 1; 1975, c. 612; 1983, c. 775, s. 1; 1989, c. 300; 1997-443, s. 11A.129D; 2001-210, s. 1.)